

NOTICE OF INDEPENDENT REVIEW DECISION

April 30, 2003

RE: MDR Tracking #: M2-03-0241-01
IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ____ when she injured her lower back. In June of 1994 the patient underwent a lumbar fusion. In July of 1997 the patient underwent a transabdominal interbody fusion followed by a period of rehabilitation. In 2001 the patient experienced a sudden onset of shooting pain to her leg. In addition, she complains of muscle spasm in her right ankle. The treating physician has recommended that the patient undergo bilateral lumbar facet steroid injections x3 and a lumbar CT scan

Requested Service(s)

Lumbar facet steroid injections x3 with lumbar CT scan

Decision

It is determined that the lumbar CT scan is medically necessary, however, the lumbar facet steroid injections x3 are not medically necessary.

Rationale/Basis for Decision

This patient underwent a lumbar fusion in June of 1994 on an unspecified spinal level. In July of 1997 the patient underwent a transabdominal interbody fusion of an unspecified lumbar level. In 2001, the patient had a sudden onset of radicular pain in the right leg and the medical record documentation does not indicate that any diagnostic procedures have been performed following the change in the patient's condition. While a diagnostic lumbar CT scan with intrathecal contrast is medically necessary to diagnose this patient's condition, there is insufficient evidence to substantiate the medical necessity for lumbar facet steroid injections. Therefore, the lumbar CT scan is medically necessary and the lumbar facet steroid injections x3 are not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 30 th day of April 2003.
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